

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES**

**FACILITY:** SUSSEX CORRECTIONAL CENTER

This request is for (circle one) MEDICAL DENTAL MENTAL HEALTH

EMANUEL Bedden

Name (Print)

Medium-B Tier

Housing Location

6-21-50

Date of Birth

092587

SBI Number

7-22-04

Date Submitted

Complaint (What type of problem are you having) INJURED my KNEE  
extremely bad - ALSO, I WAS RECEIVING  
CORTISONE INJECTIONS IN THE BACK OF MY  
HEAD FOR A Keloid INFECTION.

Emmanuel Bedden

Inmate Signature

7-22-04

Date

The below area is for medical use only. Please do not write any further

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P: Officer Walker notified and will send to sick call.

E:

NO SHOW

B. Cameron /pr  
Provider Signature and Title  
Brenda Cameron, LPN

7-23-04

Date

1120

Time

3/1/99 DE01  
n# MED 263

